FORM
HIVPP
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COMPREHENSIVE HIV PREVENTION PLAN
1999 - 2002

Executive Summary

In the fall of 1998 and the first few months of 1999, the Orange County HIV Prevention Planning Committee met a number of times and revised the local plan for the prevention of HIV. Members of the Committee consisted of Health Care Agency staff, local providers of HIV prevention service, as well as other stakeholders and interested parties. This document is the product of those efforts.

Chapter 1: Epidemiological Profile of HIV/AIDS in Orange County

HIV disease is a significant health concern in Orange County. While most AIDS cases have been in Whites, HIV among Latinas/os and African-Americans is increasing at high rates. The major transmission routes are male-to-male sexual contact, sharing of drug-injection equipment, and male-to-female sexual contact where the male is an injection-drug user or is bi-sexual.

A profile of the epidemiology of HIV/AIDS in Orange County was prepared by the Orange County Health Care Agency. This profile confirms that HIV/AIDS is a significant health concern for Orange County. As of December 1997, a total of 4,867 Orange County resident AIDS cases had been reported to the CDC. Locally, as expected, most reported cases are among men who have sex with men. This proportion, however, has declined from 85% of 1990 cases to 67% of reported cases in 1997. Injection-drug use alone accounted for only 5% of cases reported in 1990 compared to 11% of 1997 case reports. Heterosexual transmission ranks third among reported risk factors for AIDS in Orange County, increasing from 1% of 1990 cases (N=2) to 7% of 1997 cases (N=21).

The majority of Orange County AIDS cases continue to be male (89% of 1997 case reports). Among White and Asian males, 89% of 1997 reported cases were attributed to men who had sex with men. This exposure category, however, only accounted for 69% of African-American male cases, and 66% of Latino male cases. Injection drug use alone was the reported exposure category for 31% of African-American males, 24% of Latino males, and just 7% of White males. Female cases have increased from 5% of cases reported prior to 1990 to 11% of 1997 cases. Among females, heterosexual transmission and injection-drug use accounted for the majority of 1997 reported cases for each ethnic category. Heterosexual transmission was reported for 67% of 1997 Latina cases and 45% of 1997 White female cases; injection-drug use for 55% of White female cases and 33% of Latina cases. Of female cases attributable to heterosexual transmission, about one-third of White (30%), Latina (32%) and Asian (33%) and 11% of African-American cases were traced to an HIV-positive injection-drug using male partner. Another one-third of Asian (33%) and White (29%) female cases and 11% of both African-American and Latina cases were traced to an HIV-positive bisexual male partner.

The majority (64%) of cumulative AIDS cases have been reported from eight Orange County cities: Anaheim, Costa Mesa, Huntington Beach, Laguna Beach, Santa Ana, Garden Grove, Orange, and Newport Beach.

Chapter 2: Target Population Profile and Needs Assessment

Five target groups were identified by the HIV Prevention Planning Committee as being in greatest need of HIV prevention efforts in Orange County. The Committee also identified and prioritized important subgroups within each priority target group. The target groups, along with their respective subgroups, are listed below in priority order:

Priority #1: MSMs Who Engage In, Or Are Likely to Engage In, Unprotected Sex
Subgroups: HIV-positive MSMs, General Population MSMs, Young MSMs, Latinos, African-Americans, Transgender males, Asian/Pacific Islanders

Priority #2: Substance Users, Especially Injection Drug Users (IDUs)
Subgroups: HIV-positive people, Latinos/as, African-Americans, Homeless, General population substance users, Incarcerated people, Repeat Testers

Priority #3: Sexual Partners of Injection Drug Users (IDUs)
Subgroups: Latinos/as, African-Americans, Incarcerated people, General population partners of IDUs

Priority #4: People Exposed to, Diagnosed With, or Treated for a Sexually Transmitted Disease (STD)
Subgroups: General population

Priority #5: Heterosexuals Who Engage in High-Risk Sexual Behaviors
Subgroups: Youth (12-25), Latinos/as, Sex workers, General population

In order to assess the needs of these target populations, data from the following sources were analyzed: the epidemiological report, a review of the HIV prevention literature, a behavioral risk survey, focus groups, and a survey of 1998 HIV education and prevention providers in Orange County. On the basis of this analysis, the needs of each of the five target groups were identified and intervention strategies recommended.

Chapter 3: HIV Prevention Strategies and Interventions

Countywide prevention efforts should be comprehensive, incorporating different proven strategies and addressing the varied populations in a culturally and linguistically appropriate manner.

A review of the published literature on strategies and interventions for the prevention of HIV infection examined the potential impact of knowledge, attitudes, social norms, skill, self-efficacy, and risk/benefit on HIV prevention behavior among the target populations. According to Holtgrave (1995) effective interventions share common characteristics. They:

- Are based on specific needs
- Are culturally competent
- Target a defined audience, objectives, and intervention
- Reflect behavioral and social science principles
- Include quality monitoring
- Utilize evaluation and mid-course correction
- Apply sufficient resources to make an impact

Though there are a wide range of strategies used effectively in HIV prevention programs, the most common types are:

- Social marketing
- Counseling, testing, referral, and partner notification
- Neighborhood and community events
- Health promotion events
- Street and community outreach
- Community mobilization
- Group interventions (group counseling, skill building workshops)
- Individual interventions (prevention case management, individual peer education)

There are a variety of proven intervention strategies that may be used to provide HIV prevention services. In developing programs for delivery of services the following concepts should be emphasized:

- Services delivered in a non-judgmental manner are most effective;
- It is important to design services that are linguistically and culturally appropriate to the target population;
- Community involvement can lead to behavior changes;
- Sustained interventions are more likely to lead to sustained behavior change;
- Accessibility to devices that are necessary to safer practices reduces risk for HIV infection;
- Programs with multiple approaches and more than one client contact have proven to be more effective than single approach, single contact strategies;
- Utilizing peers to deliver interventions can be an effective tool to reach individuals;
- Establishing an environment of trust and mutual respect is essential to the successful delivery of intervention services.

When designing HIV prevention programs, strategies that have proven successful in the past should be utilized and the concepts listed above incorporated as appropriate.

Chapter 4: Goals and Objectives

The primary goals of the prevention plan for Orange County are to reduce HIV/AIDS in Orange County and to increase local capacity to prevent the transmission of HIV.

The HIV Prevention Planning Committee developed goals and objectives for the Comprehensive HIV Prevention Plan. These goals and objectives are as follows:

Goal 1: Provide prevention education to target groups identified by the HIV Prevention Planning Committee.

Objective 1.1: By December 1, 1998 the HIV Prevention Planning Committee will identify and prioritize target groups to be served. (completed)

Objective 1.2: By December 1, 1998, the Committee will identify strategies and interventions that are most effective and that can be implemented within resource constraints. (completed)

Objective 1.3: By January 1, 1999, the Committee will make recommendations to the grantee regarding resource allocations to provide prevention education to each priority target population. (completed)

Objective 1.4: By June 1, 1999, the County of Orange will conduct a request for proposals (RFP) process to solicit proposals that serve identified target populations and utilize strategies and interventions identified as most effective. (completed)

Objective 1.5: By November 1, 1999, the programs funded through the RFP process will be implemented.

Objective 1.6: By September 1, 2000, evaluation data on the funded programs will be collected, analyzed, reported.

Objective 1.7: By January 1, 2001, funded programs will be modified as necessary based on evaluation data.

Service Delivery and Capacity Building Goals

Goal 2: Develop and implement strategies for improving linkages and sharing information among providers.

Objective 2.1: By September 1, 1999, evaluate the series of quarterly prevention round-table discussions established in the summer of 1998.

Objective 2.2: By June 1, 1999, ask providers to suggest additional strategies for improving linkages and sharing information. (completed)

Objective 2.3: By December 1, 1999, implement strategies believed to be most cost effective.

Goal 3: Develop and implement strategies to strengthen the linkages between HIV prevention and service.

Objective 3.1: By March 1, 1999, conduct a workshop on the Integration of Prevention Education Services with Care and Treatment Services. (completed)

Objective 3.2: By October 1, 1999, obtain from each HIV health care and support service provider a written description of how prevention education is provided to active, HIV-positive clients and recommendations for strengthening the educational component of services.

Objective 3.3: By October 1, 1999, review current mechanisms for prevention case management for individuals who are high-risk, but not HIV positive and develop strategies for improvement.

Objective 3.4: By February 1, 2000, implement changes based on recommendations developed in Objectives 3.2 and 3.3.

Goal 4: Increase the capacity of Orange County prevention education services providers to develop cost-effective, high quality programs.

Objective 4.1: By January 1, 1999, survey providers to identify technical assistance needs. Survey shall be repeated annually. (completed)

Objective 4.2: By March 1, 1999, analyze data on technical assistance needs and prioritize requests. (completed)

Objective 4.3: By July 1, 1999, seek funding for technical assistance. (completed)

Objective 4.4: By September 1, 1999, begin providing technical assistance.

Planning Goals

Goal 5: Improve the efficiency of the planning process.

Objective 5.1: By January 1, 1999, implement changes to Planning Council and HIV Prevention Planning Committee structure so as to streamline and simplify the decision-making process when planning for prevention education services. (completed)

Objective 5.2: By March 1, 2000, develop a document outlining a proposed methodology for yearly update of the prevention plan.

Objective 5.3: By July 1, 2000, approve and begin implementation of the proposed method for updating the plan.

Goal 6: Develop Outcome Measures for Prevention Education Programs

Objective 6.1: By January 1, 1999, have service providers draft list of potential outcome measures for each program. (completed)

Objective 6.2: By March 1, 1999, have service providers implement data collection on those measures for which it is cost-effective to do so. (completed)

Objective 6.3: By September 1, 1999, have service providers analyze data collected and report back to HIV Prevention Planning Committee.

Goal 7: Develop Outcome Measures for Over-all Effectiveness of HIV Prevention Efforts in Orange County.

Objective 7.1: By November 1, 1999, develop list of potential outcome measures for prevention for the County as a whole.

Objective 7.2: By January 1, 2000, collect data on those measures for which it is cost-effective to do so.

Objective 7.3: By January 1, 2001, analyze data from calendar year 2000 and report back to the HIV Prevention Planning Committee.

Chapter 5: Technical Assistance

Technical assistance needs of Orange County's HIV prevention providers include staff training, development of prevention materials, and building community coalitions. Local, regional, and state resources will be sought to meet these needs.

To identify the technical assistance needs of HIV prevention providers in Orange County, an HIV Prevention Agency Inventory was distributed to 20 agencies in the County. The returned surveys represented 12 programs from nine agencies. Over 40% of these programs listed the following technical assistance needs:

- Assistance with building community coalitions and networks
- Information regarding what works and what doesn't work in HIV prevention
- Up-to-date HIV information
- Help with program evaluation
- Assistance with the development of program materials
- Staff training
- Media development
- Developing collaboration with other agencies in the County

Other technical assistance needs mentioned were assistance with grantwriting, strategic planning, building cultural competency, fundraising, program design, and database development. In

response to these needs, the HIV Prevention Planning Committee allocated $10,000 to provide technical assistance to agencies on an individualized basis, depending on their needs.

A technical assistance needs survey was also distributed to all members of the HIV Prevention Planning Committee to determine the needs of the Committee. Four members responded and their primary concerns were need for assistance with developing effective prevention strategies and determining the cost-effectiveness of interventions and strategies. Other concerns were for analyzing epidemiological data, conflict management, identifying target populations, priority setting, reaching special populations, evaluation, social marketing/public relations, and building coordination and linkages.

Chapter 6: Coordination and Linkages

In order to develop and maintain this comprehensive plan, prevention providers in Orange County will be encouraged to maintain coordinating linkages; this will facilitate collaboration with other prevention efforts at the state and national level.

Communication and coordination among all agencies providing HIV prevention services in Orange County is extremely important to ensure the most efficient use of resources in the battle against the spread of HIV. The Orange County HIV Prevention Planning Committee has been diligent in its efforts to recruit and maintain a membership a that represents all those involved in the delivery of HIV prevention services in Orange County. Membership currently includes representatives from the Gay and Lesbian Center, American Red Cross, AIDS Services Foundation, Orange County Department of Education, Delhi Community Center, University of California at Irvine, Orange County Health Care Agency, and the community-at-large. The agencies represented on the Committee serve a wide range of populations throughout Orange County. In addition, one of the co-chairs of the Committee currently serves on the California HIV Planning Group and is also President of the California Conference of Local AIDS Directors.

Effective prevention comes from a combination of HIV prevention strategies that reach out to HIV-negative individuals (primary HIV prevention) and HIV-positive individuals (secondary HIV prevention). At the national level, there has been a lack of coordination as a result of the funding policies of different government agencies. Funding focused on secondary HIV prevention activities has been generally lacking. In Orange County, there have been several recent efforts aimed at strengthening secondary HIV prevention efforts, including a workshop held in February, 1999 on enhancing the prevention component of care services and establishing linkages between the providers of prevention and care services. In addition, the HIV Prevention Planning Committee allocated funds to conduct a prevention needs assessment and risk behavior study of HIV-positive individuals.

Chapter 7: Community Resources

Twelve programs from nine agencies responded to a service-delivery survey, which included questions regarding populations served, types of interventions, and funding sources. Eleven of the 12 programs reported information about their staff providing HIV prevention services. For those 11 programs, the mean number of staff was 2.5 FTE with a low of .10 and a high of 16.0.

The median was 1.1 FTE. The twelve programs served a mean of 4,520 clients per year with a median of 3,750 and a range of 300-10,000. The majority of programs served multiple age groups with 66% of agencies serving all ages except those under age 13. Eleven programs served all areas of Orange County. Nine programs served males; eight programs served females. Only one program served a transgender population. White, African-American, Hispanic, and Asian Pacific Islander populations were all served by at least 75% of programs.

Six programs specifically targeted male-to-male sex; seven targeted heterosexual sex; three targeted injection-drug use; three targeted alcohol and other drug use; and three targeted other high-risk behaviors. A variety of prevention strategies were used by the programs including the following:

- Case management
- Peer education
- Group counseling
- Social marketing
- Multi-session workshops
- Single-session workshops
- One-on-one outreach
- Media
- Skill building
- Distribution of materials

Chapter 8: Resource Allocation

The HIV Prevention Planning Committee allocated funds to five target populations based on analysis of epidemiological data, published literature, and survey and focus group data. This process was facilitated by an outside consultant team that assisted in gathering data and guiding the Committee's group discussions. A total of $836,734 was allocated. Of these funds, $402,061 will be distributed through a Request for Proposals (RFP) process to provide direct services to the five selected target populations, $55,000 was "set aside" for the Health Care Agency to promote HIV prevention among individuals who test repeatedly for HIV, $10,000 was "set aside" for technical assistance to agencies on an individual basis, $5,000 was "set aside" for materials and equipment for special populations, $20,000 was "set aside" for an assessment of the HIV prevention situation among HIV-positive people in Orange County, and $83,673 was allocated to administration.

Chapter 9: Evaluation

Incorporated into the community planning process was an ongoing evaluation component.
The 1998-99 prevention planning process was evaluated by an independent consultant. She conducted a written survey of Committee members. Results of this survey showed the 1998-99 planning process had the benefit of drawing on the strengths and correcting the weaknesses of the previous process. Because the previous process was the first for Orange County, it was developmental in nature. Evaluation of the more recent process indicates improvement over the earlier (1995-1996) process. HIV Prevention Planning Committee members expressed a clearer

understanding of their roles and responsibilities to the Committee than in the previous planning period. This allowed members to participate more confidently and fulfill their obligation to the Committee more easily. It also promoted a more smoothly functioning group process. Members also agreed that during the current planning process, they understood more of the materials presented. This was in large part due to the consultants' ability to present HIV service information and data in a well-organized and concise manner.